

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041204

1. Entity Name

DAVID A. MAURER, M.D., P.A.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90060 022 ***150.00

Principal Place of Business

Mailing Address

**332 WEST MINNESOTA AVENUE
 DELAND FL 32720**

**332 WEST MINNESOTA AVENUE
 DELAND FL 32720-3350**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Fla. Hosp. - Fish Memorial

3. Mailing Address

Suite, Apt. #, etc.

Pathology Lab

Orange City, FL

City & State

4. FEI Number

59-3248051

Applied For

Not Applicable

Zip

32763

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAURER, DAVID A MD
 332 WEST MINNESOTA AVENUE
 DELAND FL 32720**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

David A. Maurer MD

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-10-00

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MAURER, DAVID A MD	332 WEST MINNESOTA AVENUE	DELAND FL 32720	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David A. Maurer MD

DAVID A. MAURER

3-10-00

Date

904-851-5184

Daytime Phone #

CR2E034 (9/99)